

BEST AVAILABLE COPY

10/020688

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10020688

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20=	* 0
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 19	Minus	** 20	= /
Independent	* 4	Minus	*** 4	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	84
+140=		OR	+280=	
TOTAL		OR	TOTAL	824

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 16	Minus	** 20	= /
Independent	* 2	Minus	*** 4	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20	Minus	** 20	= /
Independent	* 3	Minus	*** 4	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

12/15/2004 10:38 FAX 314 480 1505

BUSCH & EPPENBERGER

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Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0831-0032
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FACSIMILE TRANSMITTAL	Attorney Docket No.	41575/27975(106)	First Inventor: Robert McMillen
AMENDMENT TRANSMITTAL LETTER		Serial No.	10/020,688
Title: <u>Push Lumbar Support With Flexible Pressure Surface</u>		Filing Date	December 14, 2001
		Examiner	Edell, Joseph F.
		Group Art Unit	3638

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TO THE ASSISTANT COMMISSIONER FOR PATENTS:

DEC 15 2004

Transmitted herewith is an amendment in the above-identified application.

☒ Large Entity Status☐ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	(Column 1)		(Column 2)	(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	20*	Minus **20	=0	x \$25.00=	\$ 0.00	x \$50.00=	\$ 0.00	
	Independent (37 CFR 1.16(b))	3*	Minus **4*	=0	x \$100.00=	\$ 0.00	x \$200.00=	\$ 0.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				x \$150.00=		x \$360.00=		
					TOTAL ADDIT. FEE	\$ 0.00	TOTAL ADDIT. FEE	\$ 0.00	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☒ Terminal Disclaimer, fee \$130.00☐ No additional fee is required for amendment.☐ A check in the amount of \$ is enclosed.☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account 08-3480.☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460. I have enclosed a duplicate copy of this sheet.☒ Any additional filing fees required under 37 C.F.R. 1.16.☒ Any patent application processing fees under 37 C.F.R. 1.17.


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Date: 12/15/2004

Certificate of Facsimile Under 37 CFR 1.18

I hereby certify that these documents and fees are being transmitted via facsimile to Fax number 703-572-5508 on December 15, 2004 and addressed to: MAIL STOP Amendment, Commission for Patents, P.O. Box 1450, Alexandria, VA 21313-1450. Total pages 10.

Signature: 

Type Name: Eileen Curran

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PAGE 1/10 * RCVD AT 12/15/2004 11:36:58 AM (Eastern Standard Time) * BY:USPTO-EPXRF-1/3 * CDS:8729306 * CSID:314 480 1505 * DURATION (mm-ss):04-04